

# INFORMAL PROBATE

# 3

## **Administering and Accounting as Personal Representative Before Closing the Estate** (Forms Packet)

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PBIPF5fc-5282



## SELF SERVICE CENTER

### INFORMAL PROBATE

#### Administering and Accounting Before Closing the Estate Part 3: Forms

##### How to assemble these documents

This packet contains court forms about the administering and accounting you must do as personal representative to close the estate, whether there was a will or not. Be sure the documents are in the following order:

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2	PBIPF5k	Checklist	1
3	PBIPF51f	<b><i>"Instrument or Deed of Distribution"</i></b>	2
4	PBIPF52f	<b><i>"Petition for Approval of Accounting"</i></b>	1
5	PBIPF53f	<b><i>"Form for Submission of Accounting"</i></b>	7
6	PBIPF54f	<b><i>"Fee Statement (Local Rule 5.7) and Proof of Mailing"</i></b>	2
7	PBIPF55f	<b><i>"Court Order Regarding Petition for Approval of Accounting"</i></b>	2
8	PBIPF56f	<b><i>"Notice of Non-Appearence Hearing Regarding Final Accounting"</i></b>	1
9	PBIPF57f	<b><i>"Response to Court Accountant Report"</i></b>	1
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## SELF SERVICE CENTER

### INFORMAL PROBATE ADMINISTERING AND ACCOUNTING OF THE ESTATE OF THE PERSON WHO DIED BEFORE CLOSING THE ESTATE

#### CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed the personal representative of the estate of a person who died; AND,
- ✓ The person had a Will or did not have a Will; AND,
- ✓ You want to transfer property (You must use this packet to transfer any real property); AND/OR
- ✓ File the final accounting of the estate of the person who died because you are ready to close the estate (You do not need to file a final accounting unless you want to do a formal closing which means you want the court to review your accounting, or there are some accounting issues that you want the court to resolve.)

**READ ME:** It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney's Bar Number (if applicable) \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the Estate of \_\_\_\_\_

Case Number: PB \_\_\_\_\_

### INSTRUMENT OR DEED OF DISTRIBUTION

☐ an Adult ☐ a Minor, deceased

I was appointed Personal Representative of the Estate in this case on (date) \_\_\_\_\_ to distribute the property of the Estate as required by Title 14 of the Arizona Revised Statutes. I hereby assign, transfer and release all right, title and interest to the following property to the following person(s):

#### 1. PERSONS TO WHOM PROPERTY FROM THE ESTATE WAS GIVEN and DESCRIPTION OF PROPERTY:

Name	Address	Property Description

#### 2. MONEY STILL OWED ON PROPERTY. Distribution of the property is subject to the following liability: (If this applies to your case, describe the property, the amount of money still owed on the property, why the property has not been paid for before or in connection with distribution and the closing of the estate, and arrangements that have been made to accommodate outstanding liability; otherwise, write "none")

Property Description: \_\_\_\_\_  
 Money Owed on Property: \_\_\_\_\_  
 Reasons Money Owed: \_\_\_\_\_  
 Arrangements to Pay: \_\_\_\_\_

Property Description: \_\_\_\_\_  
 Money Owed on Property: \_\_\_\_\_  
 Reasons Money Owed: \_\_\_\_\_  
 Arrangements to Pay: \_\_\_\_\_

Property Description: \_\_\_\_\_  
 Money Owed on Property: \_\_\_\_\_  
 Reasons Money Owed: \_\_\_\_\_  
 Arrangements to Pay: \_\_\_\_\_

Case No. \_\_\_\_\_

Personal Representative \_\_\_\_\_

Print name \_\_\_\_\_

**STATE OF ARIZONA )**  
**MARICOPA COUNTY ) ss.**

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
by \_\_\_\_\_, as Personal Representative of the Estate.

My Commission Expires:

\_\_\_\_\_  
Notary Public

Name of Person Filing Document: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of \_\_\_\_\_

Case Number: PB \_\_\_\_\_

### PETITION FOR APPROVAL OF

☐ FINAL ACCOUNTING

AND/OR

☐ FEE STATEMENT

\_\_\_\_\_  
 A Deceased Person

State of Arizona            )  
 County of Maricopa       ) ss.

### THE PETITIONER STATES UNDER OATH AS FOLLOWS:

**INSTRUCTIONS: For approval of accounting, put a check mark in boxes 1, 2 and complete number 1:**

1. ☐ This is the final accounting for this estate, and this accounting covers the period from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).
2. ☐ Attached is a correct statement of all financial dealings I had as Personal Representative of the Estate. The summary of all financial transactions are fully described, itemized, and summarized on the attached pages. I request that the Court enter an order approving this final accounting. (Be sure to attach the accounting.)

**INSTRUCTIONS: For approvals of fee statements, put a check mark in box number 3:**

3. ☐ Attached is a copy of the Fee Statement for which I request approval too. (If you check this, attach the Fee Statement.)

SIGNED \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
 Petitioner.

NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires:

**SUPERIOR COURT OF ARIZONA  
IN MARICOPA COUNTY  
PROBATE/MENTAL HEALTH DEPARTMENT**

**FORM FOR SUBMISSION OF FINAL ACCOUNTING  
for Informal Probates**

COURT CASE NUMBER \_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

**INSTRUCTIONS.** This form is provided for you to summarize the financial transactions. Accounting Guidelines are also included in this packet to help you complete this form. Attach this form to the Petition for Approval of the Final Account.

1. This is the final accounting for this estate. This accounting covers the time period from (date) to \_\_\_\_\_ (date).
2. The current amount of the bond is \_\_\_\_\_. It should be increased to \$\_\_\_\_\_, or decreased to \$\_\_\_\_\_ to cover the unrestricted assets plus the unrestricted income.

**ACCOUNT SUMMARY**

**INSTRUCTIONS:** Complete Lists A-F first, then enter the total from each list on this summary.

A.	The beginning balance of the Decedent's account from <b>LIST A</b> , page 2		\$ _____
B.	<b>PLUS</b> the money I received during this period of time on behalf of the Decedent (Person who Died)		
	from <b>LIST B</b> , page 3	<b>+</b>	\$ _____
C.	<b>PLUS</b> the gains on the value of property I sold or otherwise disposed of and other adjustments		
	as itemized in <b>LIST C</b> , page 4	<b>+</b>	\$ _____
D.	<b>MINUS</b> the money I have spent during this time period		
	as itemized in <b>LIST D</b> , page 5	<b>-</b>	\$ _____
E.	<b>MINUS</b> the losses on the value of property I sold or otherwise disposed of and other reductions, as itemized		
	in <b>LIST E</b> , page 6	<b>-</b>	\$ _____
F.	<b>EQUALS</b> the ending balance of the property of the Decedent as itemized		
	in <b>LIST F</b> , page 7 (Total)	<b>=</b>	\$ _____

**LIST A-- BEGINNING BALANCE****Itemization of assets of Decedent at the beginning of this account period**

(Add, as many sheets of paper as necessary to describe)

	<b>Description</b>	<b>Value</b>
<b>List all checking accounts, savings accounts, money market accounts:</b> (include name of bank, address, account type, name account is under, account number)		
<b>List all stocks, bonds, mutual funds:</b> (include company name, address, number of shares, value per unit)		
<b>List all Life Insurance Policies:</b> (include company name, policy number, cash value)		
<b>List all personal property:</b> Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
<b>List all real property:</b>		

**ENTER TOTAL FROM LIST A HERE AND ON PAGE 1, LINE A    \$ \_\_\_\_\_**

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.



Case No. \_\_\_\_\_

### LIST B--MONEY RECEIVED DURING THIS ACCOUNT PERIOD

(Add, as many sheets of paper as necessary to describe)

[illegible]

Case No. \_\_\_\_\_

## LIST C-- SCHEDULE OF GAINS

**Property of the Decedent that was sold or otherwise disposed of during this account period and other adjustments.**  
(Add, as many sheets of paper as necessary to describe)

[illegible]

Case No. \_\_\_\_\_

## LIST D--MONEY SPENT

**On behalf of the Decedent during this account period**  
(Add, as many sheets of paper as necessary to describe)

[illegible]

Case No. \_\_\_\_\_

## LIST E--SCHEDULE OF LOSSES

**Losses on the value of property sold or otherwise disposed of,  
and other reductions in the value of the estate during this account period**  
(Add, as many sheets of paper as necessary to describe)

[illegible]

## LIST F--VALUE OF THE DECEDENT'S PROPERTY AS OF THE END OF THIS ACCOUNT PERIOD

**Itemization of assets of the Decedent at the end of this account period**  
(Add, as many sheets of paper as necessary to describe)

	Description	Value
<b>List all checking accounts, savings accounts, money market accounts:</b> (include name of bank, address, account type, name account is under, account number)		
<b>List all stocks, bonds, mutual funds:</b> (include company name, address, number of shares, value per unit)		
<b>List all Life Insurance Policies:</b> (include company name, policy number, cash value)		
<b>List all personal property:</b> Automobiles: (year, make, model) Household property: (total inventory value) Art or jewelry: (attach separate list and describe) Other: (itemize and assign value)		
<b>List all real property:</b>		
<b>ENTER TOTAL FROM LIST F HERE AND ON PAGE 1, LINE F</b>		<b>\$</b> _____

Note: If the estate owes debts on any of the property listed above, then for each debt also indicate the payee, principal balance, interest rate, payoff date.

Name of Person Filing Document: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Attorney's Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of the

Case Number: PB \_\_\_\_\_

### FEE STATEMENT (LOCAL RULE 5.7) AND PROOF OF MAILING

\_\_\_\_\_  
A Deceased Person

**INSTRUCTIONS:** This document must be completed in all cases where fees are charged. All activities for which fees are charged must be specifically listed, such as telephone calls, meetings, staff meetings, conferences, document preparation, work in house or files, personal visits, trips, and so forth.

**STATEMENT OF FEES FOR SERVICES:** The following is a statement of fees for services rendered from \_\_\_\_\_ (date) to \_\_\_\_\_ (date):

DATE	DESCRIPTION AND SERVICE PROVIDER	TIME

### NUMBER OF HOURS BILLED:

Total number of hours billed is \_\_\_\_\_ x \$ \_\_\_\_\_ per hour = \$ \_\_\_\_\_ **TOTAL CHARGE**

Case No. \_\_\_\_\_

## PROOF OF MAILING:

A copy of this management plan was mailed or delivered to the following persons:

NAME	ADDRESS

Today's Date: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Name of Person Signing Document: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, Zip Code: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Attorney's Bar Number (if applicable): \_\_\_\_\_

Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of \_\_\_\_\_

Case Number: PB \_\_\_\_\_

A Deceased Person

### ORDER REGARDING PETITION FOR APPROVAL OF FINAL ACCOUNTING and FEE STATEMENT (if applicable)

**NOTICE:** This is an important court order that could affect your legal rights. Read it carefully. If you do not understand it, consult an attorney for legal advice.

### FINDINGS OF THE COURT:

1. **PETITION FILED.** A Petition for Approval of Final Accounting was filed by the Personal Representative of the Estate.
2. **NOTICE.** Notice of the Petition was ☐ given as required by law or ☐ waived by all interested persons or ☐ other: \_\_\_\_\_
3. **PETITION REVIEWED.** The Petition for Approval has been reviewed by the Court Accountant and by the Court.

### IT IS ORDERED:

1. ☐ The Accounting is approved as submitted
- OR**
- ☐ The Accounting is approved but with the following provisions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

- ☐ The Accounting is not approved. The Personal Representative shall file with the court a written Response to the Court Accountant's Report, provide a copy of the Response to the Court Accountant and to all persons entitled to notice of the Final Accounting, and shall address each and every recommendation of the Court Accountant by \_\_\_\_\_ (date). If additional documentation or amended schedules are required by the Court Accountant, they shall be attached to the Personal Representative's Response. The Personal Representative shall include a self-addressed, stamped



envelope to the Court Accountant with the Response. Failure of the Personal Representative to fully address the Court Accountant's recommendations will result in the court setting a hearing date at which time the Personal Representative will be required to appear in court to explain the accounting. The court may also order the Personal Representative to personally bear additional expenses incurred in resolving the accounting issues.

2. ☐ **The fee statement is approved** and fees are allowed in the amount of \$\_\_\_\_\_

**OR**

☐ **The fee statement is not approved** and the Personal Representative is ordered to do the following things:\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DONE IN OPEN COURT:\_\_\_\_\_

\_\_\_\_\_  
JUDICIAL OFFICER OF THE SUPERIOR COURT

Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for: \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of \_\_\_\_\_

Case Number: PB \_\_\_\_\_

### NOTICE OF NON APPEARANCE HEARING REGARDING FINAL ACCOUNTING

\_\_\_\_\_  
 A Deceased Person.

**READ THIS NOTICE CAREFULLY.** An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

1. **NOTICE IS GIVEN** that the Personal Representative has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_

2. **COURT HEARING.** A non-appearance court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

**DATE AND TIME:** \_\_\_\_\_

**PLACE:** \_\_\_\_\_

**JUDICIAL OFFICER:** \_\_\_\_\_

3. **RESPONSE TO PETITION.** This is a non-appearance hearing. You do not need to come to the hearing unless you disagree with the Petition. If you want the judge to know why you disagree with the Petition, you should come to the hearing and state your objection. You can also file a written objection at least 10 days prior to the hearing.

DATED: \_\_\_\_\_  
 (Month/Day/Year)

\_\_\_\_\_  
 Personal Representative's Signature

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of

Case Number PB: \_\_\_\_\_

\_\_\_\_\_  
A Deceased Person

### RESPONSE TO COURT ACCOUNTANT REPORT FINAL ACCOUNTING OF PERSONAL REPRESENTATIVE

State of Arizona            )  
 County of Maricopa       ) ss.

**I am the person responsible for submitting the accounting. I respond under oath to the court accountant report as follows:** (Be sure to address each point raised by the court accountant or the judge in the Order. Attach an amended accounting and supporting documents, if required. Do not attach bond, bond riders, or proof of restricted account -- file these separately. Use additional paper if necessary.)

SIGNED: \_\_\_\_\_

Subscribed and sworn to before me this date: \_\_\_\_\_ by \_\_\_\_\_.  
(Month/Day/Year)

My Commission Expires:

NOTARY PUBLIC:

Copy of the foregoing mailed this date: \_\_\_\_\_, to the following individuals at the following addresses:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Filing Document: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of

Case Number: PB \_\_\_\_\_

\_\_\_\_\_

A Deceased Person

### WAIVER OF NOTICE OF HEARING ON PETITION FOR FINAL ACCOUNTING

STATE OF ARIZONA                    )  
 COUNTY OF MARICOPA            ) ss

I state under oath as follows:

- 1. RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_  
 E. \_\_\_\_\_  
 F. \_\_\_\_\_

- 2. RELATIONSHIP.** My relationship to the person who died and is named in the caption above is (explain): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 3. WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

\_\_\_\_\_  
 Signature

Subscribed and sworn to before me this date: \_\_\_\_\_, by \_\_\_\_\_

My Commission Expires:

\_\_\_\_\_  
 Deputy Clerk/Notary Public

Your Name: \_\_\_\_\_  
 Your Address: \_\_\_\_\_  
 Your City, State, Zip Code: \_\_\_\_\_  
 Your Telephone Number: \_\_\_\_\_  
 Attorney Bar Number (if applicable): \_\_\_\_\_  
 Representing ☐ Self or ☐ Attorney for \_\_\_\_\_

## SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)

Case Number: PB \_\_\_\_\_

### PROOF OF NOTICE OF HEARING

\_\_\_\_\_  
 A Deceased Person

STATE OF ARIZONA    )  
 County of Maricopa    ) ss.

### I state under oath the following:

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the NOTICE OF HEARING:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who died and the person you gave the copies to. (Use extra paper if necessary.)

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File affidavit of acceptance or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
 B. Relationship to person: \_\_\_\_\_  
 C. Date I gave the documents: \_\_\_\_\_  
 D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File affidavit of acceptance or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

Case No. \_\_\_\_\_

- A. Name: \_\_\_\_\_  
B. Relationship to person: \_\_\_\_\_  
C. Date I gave the documents: \_\_\_\_\_  
D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File affidavit of acceptance or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

- A. Name: \_\_\_\_\_  
B. Relationship to person: \_\_\_\_\_  
C. Date I gave the documents: \_\_\_\_\_  
D. How I gave the documents -- check at least one box and complete the information:  
☐ Personal service (File affidavit of acceptance or of process server or sheriff)  
☐ 1st class mail, postage prepaid  
☐ Certified mail  
☐ Registered mail (attach green card to this paper)  
☐ Hand delivery by (name) \_\_\_\_\_

Petitioner's Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this date: \_\_\_\_\_ by \_\_\_\_\_  
(Month/Day/Year)

My Commission Expires: \_\_\_\_\_ Notary Public: \_\_\_\_\_